Image# 26950095751

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		e instructions)	'IN		Office use only
1. NAME OF COMMITTEE (in	full) (Check is change		mple: If typying, type the lines	12FE4M5	The use only
For Americas	Republican Majority PA	.C <sub>.</sub> (FARM PAC)			
ADDRESS (number and	street) 675 N Wash	nington St., Suite	÷ 410		
X (Check if addi	ress				
is changed)	Alexandria		шшш	LYA L	22314   -
COMMITTEE'S E-MA	JL ADDRESS	CITY		STATE▲	ZIP CODE 📥
traci@farmpa		11111		1111	
<u> </u>					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX I 7035481925	NUMBER				
2. DATE <b>M</b> 1	M / D D / Y Y Y Y Y 200	<b>5</b>			
3. FEC IDENTIFICA	ATION NUMBER	C CO	)409672	]	
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
I certify that I have exam	ined this Statement and to the be	est of my knowledge a	nd belief it is true, correct and	d complete	
Type or Print Name of	Treasurer Traci Pe	eters			
Signature of Treasure	Electronically Filed by	Traci Peters		Date 0 4	25 YYYY
NOTE: Submission of fa	alse, erroneous, or incomplete info		he person signing this State	·	s of 2 U.S.C. S437g.
Office Use Only			For further information c Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2				
5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Office House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	(Mational, State (or subordinate) committee of the	Democratic, epublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party				
6.	Name of Any Connected Organization or Affiliated Committee					
L						
L						
	Mailing Address					
		1 1 1				
	CITY▲ STATE ▲	ZIP CODE 🛦				
	Relationship					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	tion				
	Membership Organization Trade Association Cooperative					

	FEC Form 1	(Revised 02/2003	3)		Page 3				
٧	Vrite or Type Commi	ittee Name							
	For Americas	Republican Ma	ajority PAC (FARM PAC)						
7.		stodian of Records: Identify by name, address, (phone number optional), and position of the person in ssession of Committee books and records.							
	Full Name	Traci Peters	<b>;</b>						
	Mailing Address		675 N Washington St, Ste 410						
			Alexandria	VA	22314 _ 5052				
	Title or Position	,	CITY A	STATE▲	ZIP CODE A				
	-	Treasurer		703 Telephone number	3 548 8621 				
	of Treasurer  Mailing Address		675 N Washington St	t, Ste 410					
			Alexandria	VA	22314				
	Title or Position	,	CITY A	STATE▲	ZIP CODE A				
		Treasurer		Telephone number	<u>3 548 8621 _ </u>				
	Full Name of Designated Agent	Pamela Sed	lerholm						
	Mailing Address		675 N Washington St	t, Ste 410					
			Alexandria		<u>22314</u> – <u>5052</u>				
	Title or Position	•	CITY A	STATE ▲	ZIP CODE A				
		Assistant Treas	surer	Telephone number	<u> </u>				

	FEC Form 1 (Revised 02	2/2003)	Page 4		
9.	Banks or Other Depositories safety deposit boxes or maintain	·	ounts, rents		
	Name of Bank, Depository, etc.	Depository, etc.			
	First C	itizens National Bank			
	Mailing Address	120 1st Ave NW			
		Clarion IA 5	0525		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷